

APPENDIX B

LETTER OF INTENT

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LETTER OF INTENT IN SUBMITTING A PROPOSAL

Hawaii Employer-Union Health Benefits Trust Fund
City Financial Tower
201 Merchant Street, Suite 1520
Honolulu, Hawaii 96813

FAX Number – (808) 586-2320

E-mail – eutf@hawaii.gov

Re: Request for Proposals No. 07-001: Informational Document for Proposals to
Furnish Health and Life Insurance Benefit Plans and/or Administrative Services for
Active Employees and Retirees

This is to acknowledge that we have examined the referenced Request for Proposals
and are interested in submitting a proposal.

Submitted By:

Name of Organization: _____

Address: _____

Contact Person: _____

Telephone Number: _____

E-Mail Address: _____

Fax Number: _____